

Foster Children Research Involvement - Caseworker Consent Form

Child Name: _____ Child ID: _____ Caseworker: _____ Case #: _____

Policy Requirement	Completed			Person Contacted	Date Contacted
	Yes	No	NA		
REQUIRED APPROVALS					
Research has been approved by the Division of Child and Family Services				(Contact is Navina Forsythe 801-538-4045)	
Research has been approved by the Department of Human Services Institutional Review Board, and other governing IRB's				(Contact is Navina Forsythe 801-538-4045)	
CASEWORKER CONSENT PROCEDURES					
Caseworker has no concerns					
Foster or adoptive parents contacted and have no concerns					
Therapists contacted and have no concerns (if applicable)					
School personnel contacted and have no concerns (if applicable)					
Others contacted and have no concerns (if applicable - specify relationship)					
Parents contacted (if goal is return home), have no concerns, and have signed consent form (if research is greater than minimal risk as determined by IRB)					
Relatives contacted (if goal is custody to relative), have no concerns, and have signed consent form (if research is greater than minimal risk as determined by IRB)					
Child contacted, has no concerns, and has signed assent form (for children up to age 17)					
Child contacted, has no concerns, and has signed consent form (for children ages 18-21)					
GAL was contacted, GAL was given 10 days to respond, and either did not respond or did not have concerns (if research is greater than minimal risk as determined by IRB)					
If all above procedures are Yes or NA then caseworker should sign consent form; if there are any No's then child cannot participate					

**For questions regarding this form, please refer to practice guidelines 311.

A copy of this form must be sent to: Navina Forsythe, Supervisor of Data, Research, and Reporting Unit, Division of Child and Family Services, 120 North 200 West #225, Salt Lake City, UT 84103, (801) 538-4045